

## HCFA RECORD SPECIFICATION

FILE NAME: RENAL PROVIDER FILE			DATE: July 1996
Field	Size	Location	Remarks
1. Provider Master No.	6	1- 6	Identification number of provider. First 2 digits= State Code-Attachment A. Next 4 digits beginning with: 0=Short Stay Hospital 20=Long Term Hospital 25-28=Free-Standing Renal 33=Children's Hospital 35=Hospital ESRD Satellite
2. Provider Name	38	7- 44	Name of Facility (First 38 characters including blanks)
3. Street Address	38	45- 82	Street Address of Facility (First 38 Characters Including Blanks)
4. City	31	83-113	City of Provider
5. State	2	114-115	State Abbreviation (See Attachment A)
6. Zip	5	116-120	5 Position Zip Code
7. For Future Use	3	121-123	Blank
8. CCPD	1	124	Code to Indicate Continuous Cycle Peritoneal Dialysis Y=Yes N=No
9. Maintenance Hemo	1	125	Code to Indicate Staff Assisted Hemodialysis Y=Yes N=No
10. Maintenance Peri	1	126	Code to Indicate Staff Assisted Peritoneal Dialysis Y=Yes N=No
11. Self-Care Hemo	1	127	Code to Indicate In-Unit Self-Care Hemodialysis at Facility Y=Yes N=No

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12. Self-Care Peri	1	128	Code to Indicate In-Unit Self-Care Peritoneal Dialysis at Facility Y=Yes N=No
13. Training Hemo	1	129	Code to Indicate Hemodialysis Training at Facility Y=Yes N=No
14. Training Peri	1	130	Code to Indicate Peritoneal Dialysis Training Y=Yes N=No
15. CAPD	1	131	Indicates CAPD (Continuous Ambulatory Peritoneal Dialysis) Y=Yes N=No
16. Total Stations	3	132-134	Total Number of Dialysis Stations at Facility
17. Certification Date	6	135-140	YYMMDD-Date of Certification to provide renal services
18. Certification Type	1	141	Code Indicating Type of Facility Certification (See Item 19. Certification Type.)
19. Survey Cert	1	142	Certification type used for Facility Survey Purposes 1=Transplant Center Only 2=Dialysis Center (usually a hospital rendering full spectrum of dialysis services including laboratory tests.) 3=Dialysis Facility Hospital (A unit separate from but located within the hospital. Renders dialysis services but not full spectrum.) 4=Dialysis Facility (Not a hospital. Renders dialysis services but not full spectrum. Also referred to as independent facilities.) 5=Transplant and Dialysis Center (A hospital rendering transplants and full spectrum of dialysis services.)

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			<p>6=Special Purpose Facility (There are no approved facilities in this category. Therefore, definition has been omitted.)</p> <p>7=Inpatient Care Only (Hospitals approved as a dialysis center but usually does 80% of dialysis on inpatient basis.)</p>
20. Prior Cert Date	6	143-148	YYMMDD Prior Certification
21. Prior Cert Type	1	149	See Item 19. For Certification Type.
22. Termination Date	6	150-155	YYMMDD Blanks Unless Facility terminated
23. Termination Reason	1	156	<p>Reason Facility Terminated</p> <p>Blank if Not terminated</p> <p>1=Involuntary Withdrawal</p> <p>2=Failure to Meet Health and Safety Standards terminated</p> <p>3=Failure to Meet Minimum Utilization Rates (MUR)</p> <p>4=Failure to Meet Need Requirements</p> <p>5=Closed</p> <p>6=Other</p>
24. Prior Term Date	6	157-162	YYMMDD Prior Termination Date
25. Prior Term Reason	1	163	See Termination Reason #22
26. For Future Use	6	164-169	Blank
27. Intermediary	5	170-174	Identification number of current intermediary authorized to process bills from this provider
28. ESRD Current Network	2	175-176	Renal Network Number Provider is assigned (01-18) (Attachment A)
29. Region	2	177-178	HCFA Regional Office Code (01-10) (Attachment A)

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Field	Size	Location	Remarks
30. Old Network 2	179-180	Network Designation as	published in <u>Federal Register</u> 06/03/76 (01-32) (Attachment A - old Networks only valid for years prior to 1988)
31. MSA	5	181-185	FIPS MSA Number (4 Positions) 5th Position is Size (A-D) A=1 million or more B=250,000 to 1 million C=100,000 to 250,000 D=Less than 100,000 Note: Size not complete
32. SSA County Code	3	186-188	Geographic code assigned by SSA standards
33. FIPS	5	189-193	Geographic Code Assigned by FIPS standards (Federal Information Processing Standard Code)
34. For Future Use	6	194-199	Blank
35. Cross Refer No.	6	200-205	Provider No. issued by MMACS for hospitals only
36. Convert No.	6	206-211	Indicates provider number for either change of ownership transfer of stations, or number change
37. FYEND	4	212-215	MMDD of Fiscal Year End
38. Telephone Number	10	216-225	Area Code plus phone number of facility
39. For Future Use	2	226-227	Blank

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<b>FILE NAME:</b> RENAL PROVIDER FILE			<b>DATE:</b> July 1996
Field	Size	Location	Remarks
40. Type Ownership	2	228-229	Type of Ownership 01=Individual-Profit 02=Partnership-Profit 03=Corporation-Profit 04=Other-Profit 05=Individual-Nonprofit 06=Partnership-Nonprofit 07=Corporation-Nonprofit 08=Other-Nonprofit 09=State-Government Non-Federal 10=County-Government Non-Federal 11=City-Government Non-Federal 12=City/County-Government Non-Federal 13=Hospital District/Authority Government Non-Federal 14=Other-Government Non-Federal 15=Veterans Administration Government Federal 16=Public Health Service- Government Federal 17=Military-Government Federal 18=Other-Government Federal
41. Skeleton Record	1	230	For Non-Medicare Renal Facilities for which HCFA receives HCFA forms V=Non-Medicare VA Facilities W=Medicare VA Facilities Y=Other
42. Change Date	4	231-234	MMYY of last change to record

**ATTACHMENT A****State Code Conversion Table**

<b>State Name</b>	<b>State Code</b>	<b>HCFA Region</b>	<b>Network</b>	<b>Old Network</b>
Alabama	AL	4	8	18-20
Alaska	AK	10	16	2
Arizona	AZ	9	15	6
Arkansas	AR	6	13	10-18
California	CA	9	17, 18	3, 4
Colorado	CO	8	15	5
Connecticut	CT	1	1	27
Delaware	DE	3	4	24, 31
District of Columbia	DC	3	5	23
Florida	FL	4	7	19
Georgia	GA	4	6	18-20
Hawaii	HI	9	17	1
Idaho	ID	10	16	2
Illinois	IL	5	10	8, 9, 15
Indiana	IN	5	9	16

State Name	State Code	HCFA Region	Network	Old Network
Iowa	IA	7	12	8
Kansas	KS	7	12	9
Kentucky	KY	4	9	17
Louisiana	LA	6	13	12
Maine	ME	1	1	28
Maryland	MD	3	5	23, 31
Massachusetts	MA	1	1	28
Michigan	MI	5	11	7, 14
Minnesota	MN	5	11	7
Missouri	MO	7	12	9, 18
Mississippi	MS	4	8	18
Montana	MT	8	16	2
Nebraska	NE	7	12	5
Nevada	NV	9	15	3, 4
New Hampshire	NH	1	1	28
New Jersey	NJ	2	3	32
New Mexico	NM	6	15	6
New York	NY	2	2	25, 26
North Carolina	NC	4	6	21
North Dakota	ND	8	11	7

State Name	State Code	HCFA Region	Network	Old Network
Ohio	OH	5	9	17, 22
Oklahoma	OK	6	13	10
Oregon	OR	10	16	2
Pennsylvania	PA	3	4	22, 24, 26
Puerto Rico	PR	2	3	29
Rhode Island	RI	1	1	28
South Carolina	SC	4	6	20
South Dakota	SD	8	11	7
Tennessee	TN	4	8	18
Texas	TX	6	14	11
Utah	UT	8	15	5, 6
Vermont	VT	1	1	28
Virginia	VA	3	5	18, 30, 23
Virgin Islands	VI	2	3	29
Washington	WA	10	16	2
West Virginia	WV	3	5	30
Wisconsin	WI	5	11	7, 13
Wyoming	WY	8	15	5
American Samoa	AS	64	17	1



State Name	State Code	HCFA Region	Network	Old Network
Guam	GU	65	17	1
Mariana Island	MI	66	17	1